

ON-THE-JOB & APPRENTICESHIP TRAINING APPLICATION HANDBOOK

A guide for employers
and/or trainees seeking
approval of their training
program(s) for
VA education benefits

PROVIDED BY:

OFFICE OF PUBLIC INSTRUCTION
VETERANS EDUCATION

MONTANA STATE APPROVING AGENCY

www.opi.mt.gov/VeteransEd/index.html

TABLE OF CONTENTS

Introduction

Department of Veterans Affairs.....	2
State Approving Agency	3
Montana State Approving Agency Mission	3
Know the Facts About On-The-Job and Apprenticeship Training.....	4

Requirements for Approval

Requirements for Approval of an On-The-Job/Apprenticeship Training Program.....	5
Is the Trainee Eligible?	5
Procedures for Application & Approval	6
Sample Application for Approval.....	7 - 9
Designation of Certifying Official(s)	10
VA Form 22-8794.....	11
General Instructions	12
Specific Instructions	12
The Training Agreement.....	13 - 15
Work Records	16
Sample Monthly Work Record	17
VA Form 22-1990—Application for VA Education Benefits.....	19 - 25
VA Form 22-1995—Request for Change of Program or Place of Training.....	26 - 28
VA Form 22-1999—Enrollment Certification.....	29 - 30
Monthly Certification Form	31 - 32
Letterhead Stationery	33



INTRODUCTION

It may be possible for your employee to receive their "GI Bill" benefits while they are receiving training at your business. They could receive a monthly training allowance from the Department of Veteran's Affairs (DVA) for a full-time On-The-Job (OJT) or Apprenticeship (APP) Training program, if approved by the Montana State Approving Agency (SAA).

There are two functions involved when veterans, (and certain guardsmen/reservists, survivors/dependents) wish to utilize their educational benefits in On-the-Job or Apprenticeship Training Programs.

DEPARTMENT OF VETERANS AFFAIRS (DVA)

The DVA determines educational eligibility. The veteran needs to contact the DVA Education Office by calling the toll free number (888) 442-4551, through their Web site www.gibill.va.gov, or by contacting their local Veterans Service Officer for assistance.

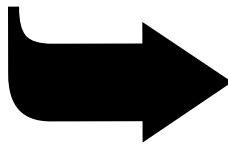
- If the veteran is eligible, the veteran needs to discuss the program with the employer.
- The veteran applies to the DVA for their educational benefits.
- The employer will contact the SAA office for approval information.
- The DVA must concur with the SAA approval.
- The approved training facility can then enroll the veteran in the approved program.
(Refer to procedures and instructions in this handout.)

Log on! See what's new ...

Your Complete Source for
Information on VA Education
Benefit Programs

www.gibill.VA.gov

Official Web site of the
Department of Veterans Affairs
Education Service
1-888-GI Bill-1
(1-888-442-4551)
Other benefits (1-800-827-1000)



STATE APPROVING AGENCY (SAA)

Shortly after the 1944 Bill of Rights was passed into law, Congress established the State Approving Agencies in 1947 to ensure that Veterans and eligible dependents can use the GI Bill educational entitlement in an approved educational program. Congress believed that the state's control of education and approval of its programs was the best avenue to safeguard both veterans, and educational institutions and training facilities. The primary function of the Montana SAA is to review and evaluate the appropriateness of each program relative to the state's standards and laws in addition to the DVA rules, regulations and other applicable laws and regulations; evaluate, and approve quality educational and training programs for veteran's benefits. Continuous supervision is required of approved programs.

Programs that can be approved include institutions of higher learning colleges and universities, non-degree institutions (vocational and technical schools), apprenticeship, and other on-the-job training programs and flight schools. There are over 140 programs currently approved in Montana for veteran's educational benefits.

If the employer is interested in utilizing the program or needs more information, contact the SAA at (406) 444-4122 or e-mail tcummins@mt.gov.

- An SAA employee will contact the employer and explain the program.
- The SAA will make an on-site visit to assist the employer with the application.
- If training is approved, the SAA will mail the employer an approval packet containing: approval letter, approved application, copy of the certifying official form, training agreements, and monthly master form to record work records.
- The SAA office will notify the DVA of the approval and provide program information.

MONTANA STATE APPROVING AGENCY MISSION

- Promote and safeguard quality education and training programs for veterans
- Ensure greater educational and training opportunities to meet the challenging needs of veterans; and
- Assist the VA in preventing fraud, waste and abuse in the administration of the GI Bill

Staff:

David Strong
Director of Veterans Education/SAA
(406) 444-4437
Fax: (406) 444-1373
dstrong@mt.gov

Tom Cummins
OJT/APP Program Manager
(406) 444-4122
Fax: (406) 444-1373
tcummins@mt.gov

Website: www.opi.mt.gov/veteransEd/index.html

Links:

GI Bill Web site <http://www.gibill.va.gov>

Air Force <http://www.af.mil>

U.S. Veterans Resource Web site <http://www.vetsresource.com>

Marine Corps <http://www.usmc.mil>

Army <http://www.army.mil>

Coast Guard <http://www.uscg.mil>

Navy <http://www.navy.mil>

KNOW THE FACTS ABOUT OJT AND APPRENTICESHIP TRAINING

- The training content of the program must be adequate to qualify the trainee for appointment to the job for which he or she is being trained.
- There is reasonable certainty that the job for which the training is provided will be available to the trainee at the end of the training period.
- The job is one in which progression and appointment to the next higher classification are based upon skills learned through organized training on the job and not just on such factors as length of service and normal turnover.
- The wages paid the trainee during the training period are not less than those paid to non-veteran trainees in a similar training position. The wages paid to a trainee at the start of training must be at least 50 percent of the wages paid to a fully trained worker. There must be at least one increase in wages during the training period. Not later than the last full month of training, the wages must be at least 85 percent of the wages paid to a fully trained employee. Immediately upon completion of training, the wage should be increased to the full amount of a trained worker's wage. The 85 percent regulation does not apply to local, state or federal governments.
- The job customarily requires a period of training of not less than six months and not more than two years of full-time training (On-the-Job Training). For apprenticeships the length of time can exceed two years for training.
- The length of the training period is not longer than that customarily required by the establishment and other establishments in the community to provide trainees with the required skills, technical information and other facts which the trainee will need to learn in order to become competent on the job for which they are being trained.
- Provision is made for related instruction for the individual veteran or eligible person who may need it.
- The establishment must have adequate space, equipment, instructional material, and instructor personnel to provide satisfactory training on the job.
- Adequate records are kept to show the progress made by the veteran or eligible person toward his or her job objective and available for review to representatives of the Veterans Administration and/or the State Approving Agency at their request.
- Appropriate credit will be given the trainee for previous training or experience, whether obtained in the military service or elsewhere. The beginning wage must be adjusted to the level to which credit for prior training and experience advances the trainee, and the training period will be reduced proportionately.
- A signed copy of the training agreement for each veteran or eligible person, including the approved training program and wage scale, must be provided by the employer to the trainee, the VA Regional Office, and the State Approving Agency. The employer retains a copy for their files.
- Upon completion of the training, the trainee will be given a certificate by the employer indicating the length, type of training provided, and that the trainee has completed the program of training satisfactorily.
- All records pertaining to the training program, including payroll records, are to be kept for a period of three years after completion of the training; and available to representatives of the State Approving Agency or Veterans Administration at their request.

**Interested employers should contact
state approving agency at (406) 444-4122.**

REQUIREMENTS FOR APPROVAL OF AN ON-THE-JOB/ APPRENTICESHIP TRAINING PROGRAM

- Must be entry level training for a specific job objective. Entry-level means that no previous experience or education is required for the position. For example, mechanic, carpenter, police officer, etc.
- Laborer, gas station attendant and similar positions cannot be approved.
- Wages are to be paid by a set salary schedule and not by commission. There must be at least one increase in wages during the length of the training period.
- Training position must be under direct or immediate supervision.
- The length of the OJT program must be at least six months, but not more than 24 months, unless it qualifies for approval as an apprenticeship program.
- The length of an apprenticeship program must be a minimum of 2,000 hours or two years.

IS THE TRAINEE ELIGIBLE?

Veterans

- Must be less than **10 years** from date of discharge from active duty.
- Chapter 30, 32 and 34 veterans who are eligible for benefits, can use them for OJT and Apprenticeship training, if employed and being trained for the job.
- May be some exceptions from the above:
 - Dependents of veterans
 - Medical reasons
 - Delimiting date extension
 - Others

National Guard and Reservists

- Must have a total of six years obligation after October 1, 1990.
- Contact local Unit Administrator to determine eligibility.
- Obtain copy of DD 2384, DD 2384-1 or DA 4836 whichever is appropriate.

The trainee must submit a VA form 22-1990, Application for Education Benefits, to VA for determination of eligibility. Eligible veterans, national guard or reservists can receive their GI Benefits in addition to their salary when enrolled in a firm's approved training program.

Receiving benefits under the "GI Bill" can be thought of as a two-step process. The first step is to have the program of education or training approved by the appropriate State Approving Agency. The second step is for the trainee to make application to the DVA for educational benefits. Applying to the DVA for benefits involves the determination of eligibility for the trainee.

PROCEDURES FOR APPLICATION & APPROVAL

1. Firms/businesses seeking approval for On-The-Job or Apprentice Training should contact the State Approving Agency at:

Office of Public Instruction
Veterans Education
PO Box 202501
Helena, Montana 59620-2501
(406) 444-4122
2. We will mail you the appropriate application materials. The application form varies depending on if your program is OJT, a DOL Registered apprenticeship program or a non-registered apprenticeship program.
3. Complete the application and return it to our office. (Please contact us with any questions.)
4. As a part of the approval process, a representative from the State Approving Agency must visit with each business before a program can be approved. It is possible for the State Approving Agency to backdate a program as much as 12 months, making it possible for a veteran to be paid benefits retroactively.
5. We will assist you to with:
 - The application form.
 - VA Form 22-8794 - *Designation of Certifying Officials
 - Other VA forms needed for the veteran to receive benefit. (22-1990, 22-1995)
6. Once approved, your firm will receive an approval packet which will include:
 - Letter of approval
 - Copy of approved application
 - Copy of VA Form 22-8794 - Designation of Certifying Official

***Certifying Official**

The Certifying Official is a representative of the training facility who is authorized to sign and submit VA documents verifying a veteran's enrollment, change in status, and any other circumstances that affect the amount or duration of veteran's educational assistance benefits.

Sample Application for Approval

The following "Sample Application Form" includes (*Guidelines) for completing the Application for Approval of an On-The-Job or Apprenticeship Training Program and uses the job objective of "Mechanic" as an example.



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
www.opi.mt.gov/veteransed/

Application for Approval of Veterans Training On-the-Job Training Program

The information listed below must be completed and returned to this office at the above address to initiate the approval process.

Name of Company or Facility
John Doe's Garage

(Area Code) Telephone
406-444-0000

Postal Address
PO Box 999

City/State/ZIP Code
Anytown, MT 59000

Physical Address
100 Main St.

City/State/ZIP Code
Anytown, MT 59000

Training Program Manager/Company Training Officer
John Doe

Title
Owner

FAX Number
406- 123-4567

E-mail Address
jdoo@yahoo.com

Job Title of Training Objective
Mechanic

Description of Fully Trained Employee's Duties

Enter a brief description of the job description.

1. Normal Length of Training Program: 24 (months) [Minimum 6 months; maximum 24 months.]

2. Current Base Wage Rate For Trained Employee: \$ \$18.37 Per Hour/Month/Year

3. Work Hours per Week (Normal): 40
NOTE: Must be at least 30 hours per week unless covered by a bonafide collective bargaining agreement.

4. Recognized Holidays: (Check)

☒ New Years Day

☐ Presidents Day

☒ Labor Day

☐ Martin Luther King Day

☐ Independence Day

☐ Memorial Day

☒ Thanksgiving

☒ Christmas

☐ Other: _____

5. The Wage Scale is based on satisfactory progress as listed in Table A or Table B, indicating the actual wages (Table A) or the percentave of fully trained (Table B) the trainee shall receive for the duration of training. (Use appropriate number of blocks to equal length of program.)

- The starting rate shall be at least 50% of the base fully trained rate.
- Wage increases will be regular and periodic.
- The final wage will be at least 85% of the fully trained wage.

Note: Rules 5b and 5c do not apply to federal, state, and local government training programs approved after October 1, 1998.

TABLE A

_____ **6** _____ Months @ \$ **12.75** _____
 _____ **6** _____ Months @ \$ **14.50** _____
 _____ **6** _____ Months @ \$ **12.50** _____
 _____ **6** _____ Months @ \$ **16.79** _____
 _____ Months @ \$ _____
 _____ Months @ \$ _____
 _____ Months @ \$ _____
 _____ Months @ \$ _____

TABLE B

_____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %

6. Scheduled vacation periods are as follows:

- ☐ One week after 6 months ☐ Other _____
☒ One week after 1 year (Specify) _____

7. I certify the following:

- a. The signed training agreement will include the wage scale and training plan included in this application or amendments to this application and submitted to the State Approving Agency and the VA.
- b. A copy of the indenture agreement will be furnished each veteran, to include a copy of the training outline.
- c. The wages paid to a veteran are not less than the wages paid to non-veteran employees.
- d. The veteran will be under close supervision and will be retained only if satisfactory training progress is maintained.
- e. This training will not be given to an eligible veteran who is already qualified by training and experience for the job. The length of the training period is not longer than that customarily required to train a person to an average level of competency.
- f. I will advise the Department of Veterans Affairs and the Montana State Approving Agency of the entry, termination, or interruption in training of a veteran or benefit eligible person.
- g. There is reasonable certainty that the job for which the veteran is trained will be available to him/her at the end of the training period.
- h. I will notify the Montana State Approving Agency or the Department of Veteran Affairs of any **proposed change** in information listed in this application, including:
 - Wage Schedule Changes
 - Training Plan Adjustments
 - Leave or Holiday Schedules

8. The firm will maintain adequate records of employment, progress, and wages paid to the veteran and make these records, together with other such records, as required by state and federal laws, available to state and federal agencies. **Such records must be maintained for a period of three years after the trainee has completed or left training.** Should the company discontinue operations, veteran's records should be forwarded to the State Approving Agency for maintenance. Records will be maintained at (office location) 100 Main St. Anytown MT.

DESIGNATION IF CERTIFYING OFFICIAL(S)

VA FORM 22-8794

This form provides to the DVA and the State Approving Agency, those signatures of the firms' officials that should be accepted on documents sent to the Department of Veterans Affairs and the State Approving Agency.

The Certifying Official is a representative of the training facility who is authorized to sign and submit DVA documents verifying a veteran's enrollment, change in status, and any other circumstances that affect the amount or duration of veteran's educational assistance benefits. Records must be kept showing:

- the work process (series of tasks an apprentice/trainee must perform to progress toward the training objective); and
- related training (organized and systematic form of instruction designed to provide an apprentice/trainee knowledge of the theoretical and technical subjects related to the trade - classroom study, correspondence course, and/or self-study).

Submit this form with the original application to the State Approving Agency.

Department of Veterans Affairs

DESIGNATION OF CERTIFYING OFFICIAL(S)

PRIVACY ACT INFORMATION: We'll use the information on this form to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans or other eligible persons. We cannot take any further action on your claim for recognition as the certifying official until we receive the completed form (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). They may be given outside VA only if authorized under the Privacy Act, including the routine uses identified in the VA system of records, 55VA21/22/28, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register.

RESPONDENT BURDEN: You don't have to complete this form and VA can't require you to respond unless the form's OMB control number, 2900-0262, is valid. The OMB Internet Home Page (www.whitehouse.gov/OMB/index.html) shows the OMB Control Numbers for approved VA forms. However, we can't take any further action on you being recognized as the certifying official for your school or job training establishment unless you send the information requested on this form. Payments to veterans and other eligible persons may be delayed or stopped without this information. We estimate you'll need about 10 minutes to review the instructions and complete this form. Call 1-888-GIBILL1 (1-888-442-4551) if you have comments regarding this 10 minute estimate or any other aspect of this collection of information.

PURPOSE: This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include ZIP Code)

John Doe's Garage
100 Main Street
Anytown, MT 59000

FOR VA USE ONLY

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) (Include Area Code)

(406) 000-0000

3. FAX NUMBER OF CERTIFYING OFFICIAL(S) (Include Area Code)

(406) 000-0000

4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)

5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIAL(S) OF THIS SCHOOL OR TRAINING ESTABLISHMENT

A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:

NO.	NAME	TITLE	SIGNATURE
(1)	John Doe	Owner	<i>John M. Doe</i>
(2)	Betty Smith	Office Manager	<i>Betty Smith</i>
(3)			
(4)			

B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURE FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.

(1)	(2)
(3)	(4)

C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY — OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			

6. REMARKS

It is hereby certified that the Department of Veterans Affairs will be notified of any changes in the designations shown on this form as they occur.

7. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL

John M. Doe

8. DATE

3/1/03

PENALTY—The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both.

GENERAL INSTRUCTIONS (VA Form 22-8794)

1. This form **MUST ONLY** be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

SPECIFIC INSTRUCTIONS

1. Item 1: Enter the complete name and address of the school or training establishment.
2. Item 2: Enter the certifying official's telephone number.
3. Item 3: Enter the certifying official's fax number.
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks." Use space below if needed.
6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

THE TRAINING AGREEMENT

The training agreement is an agreement *between* the employer and the veteran/guardsman. It indicates what the training will involve and what the salary will be for that period of time. For an apprenticeship training program has been registered with the State of Montana Department of Labor, a copy of the Standards and Agreement must be provided by the owner with the application.

If the training program is not registered with the State of Montana, VA Form 22-8864 (non-registered training agreement form) will be provided by the State Approving Agency. The VA Form 22-8864 is also used for on-the-job training programs.

The DVA requires a copy of the signed training agreement when the trainee applies for their educational benefits.

Department of Veterans Affairs

OTHER ON-THE-JOB TRAINING AND APPRENTICESHIP TRAINING
AGREEMENT AND STANDARDS
(TRAINING PROGRAMS OFFERED UNDER 38 U.S.C. 3677 AND 3678)

PRIVACY ACT INFORMATION: No training assistance may be paid under this program unless a training agreement, as approved by the Department of Veterans Affairs (VA), is signed by the employer and the trainee. The information you submit is considered confidential (38 U.S.C. 5701) and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB control Number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

INSTRUCTIONS TO ESTABLISHMENT: This form has been furnished to you because you have expressed interest in providing training to veterans and their eligible dependents. If you desire, a VA education benefits specialist will provide assistance with the proper completion of this form. To obtain desired assistance, contact the VA regional office. The telephone number is listed in your local telephone directory under "U.S. Government," or "Department of Veterans Affairs." After this form has been signed by you and the trainee, submit copies 1 and 2 to the VA regional office. Copy 3 is for your records. Copy 4 should be given to the trainee.

PART I - GENERAL INFORMATION

1. NAME AND ADDRESS OF ESTABLISHMENT ENTERING INTO TRAINING AGREEMENT John Doe's Garage		2. NAME AND ADDRESS OF TRAINEE ENTERING INTO TRAINING AGREEMENT Vincent V. Veteran	
3. TRAINEE'S SOCIAL SECURITY NUMBER TRADE 777-33-4444	4. TRAINEE'S VA FILE NUMBER	5. DATE OF BIRTH 2-24-74	6. TRAINEE'S JOB TITLE OR Mechanic
7. LENGTH OF PROGRAM 24 months	8. CREDIT FOR PREVIOUS TRAINING/EXPERIENCE None		9. DATE TRAINING BEGINS 6-1-02
10. LENGTH OF TIME REMAINING TO BE COMPLETED	11. LENGTH OF PROBATIONARY PERIOD 6 months	FOR VA USE ONLY ➤	12. FACILITY CODE
			13. DOT CODE

PART II - TRAINING AGREEMENT

14. SPECIFIC QUALIFICATIONS FOR TRAINEES	15. NUMBER OF TRAINEES PER INSTRUCTOR OR NUMBER OF APPRENTICES TO JOURNEYWORKERS (Ratio)
--	--

16. WAGE PROGRESSION TOWARD THE JOURNEYWORKER WAGE

NOTE: Trainees who receive credit for previous experience shall be paid wage rate of the period to which such credit advances them.

A. PERIOD	B. NUMBER OF MONTHS	C. WAGE	A. PERIOD	B. NUMBER OF MONTHS	C. WAGE LEVEL
1ST	6	\$12.50 PER Hr.	6TH		\$ PER
2ND	6	\$12.75 PER Hr.	7TH		\$ PER
3RD	6	\$14.50 PER Hr.	8TH		\$ PER
4TH	6	\$16.79 PER Hr.	9TH		\$ PER
5TH		\$ PER	10TH		\$ PER

D. PRESENT FULLY TRAINED WAGE RATE OR JOURNEYWORKER WAGE RATE

\$18.37 PER hour

17A. WORK PROCESSES IN WHICH TRAINEE WILL RECEIVE INSTRUCTION OR WILL BE TRAINED (List the various operations or tasks to be learned with a brief narrative description and the length of time devoted to each. If additional space is required, please continue on a separate sheet.)	17B. NUMBER OF HOURS OF TRAINING
Arc and Acetylene Welding	400
Diesel Engine Repair and Maint	800
Electrical Repair and Maint.	275
Hydraulic Repair and Maint.	700
Equipment Maint.	275
Power Train repair and Maint.	700
Removing and Replacing Parts	600
Safety procedures	50
Shop Procedures	200
TOTAL ➤	4000
18A. COURSE CURRICULUM UNITS, OR TRAINING OUTSIDE THE JOB NECESSARY FOR THIS TRADE (If required)	18B. LOCATION OF RELATED TRAINING/INSTRUCTION

The Establishment and the Trainee enter into this agreement in conformity with the Training Standards shown on the reverse side of this form which have been approved by the Department of Veterans Affairs. Carefully read these standards before signing below.

19. SIGNATURE OF TRAINEE Vincent V. Veteran	20. SIGNATURE AND TITLE OF ESTABLISHMENT DESIGNEE <i>John M. Doe</i>
---	---

COPY 1

The signing of this agreement binds the parties to compliance with the Agreement and Training/Apprenticeship Standards.

Other On-The-Job Training Standards

- I. HOURS AND SUPERVISION—The trainee shall work the same hours as the instructor and shall work under the supervision of the instructor at all times.
- II. SAFETY AND HEALTH TRAINING—The trainee will receive instruction on the job as to safe and healthful work practices. Such instruction shall include training regarding safety regulations, reporting of accidents, and availability of first aid medical facilities. The establishment shall also ensure that the trainee is trained in facilities and other environments that are safe and healthful.
- III. ADMINISTRATIVE PROCEDURES—The following shall be the responsibility of the participating establishment:
 - A. To see that all trainees are covered by written agreement.
 - B. To notify the VA Regional Office in writing of any interruption or termination of training.
 - C. To maintain a record of each trainee showing his/her experience and progress in learning the occupation until 3 years after completion of the training program.
- IV. COMPLIANCE WITH TITLE VI, CIVIL RIGHTS ACT OF 1964—The establishment agrees to comply with the provisions of Title VI, Civil Rights Act of 1964.
- V. COMPLIANCE WITH TRAINING STANDARDS—These standards, as approved by the Department of Veterans Affairs, are made a part of the Training Agreement applying hereto. The signing of the Agreement in Items 19 and 20 on the reverse, binds the parties to compliance with these standards. Every trainee entering into an Other On-the-Job Training Agreement will be given a copy of the Agreement and with these Standards. Two copies will be forwarded to the Department of Veterans Affairs. The terms of this training agreement are in conformance with the requirements of section 21.4262, Title 38, Code of Federal Regulations.

Apprenticeship Training Standards

- I. DEFINITION AND TERM OF APPRENTICESHIP—The term “apprentice” shall mean a person at least _____ years of age who is employed to learn a skilled trade pursuant to the terms of a written Apprenticeship Agreement with the establishment. The Agreement will provide for (a) not less than _____ years of reasonably continuous employment, (b) participation of the apprentice in an approved schedule of work experience through employment, and (c) at least 144 hours per year of supplemental instruction in subjects related to the trade.
- II. QUALIFICATIONS OF APPRENTICESHIP APPLICANTS—Apprenticeship applicants for this trade shall be between the ages of _____ and _____ and should be, if possible, high school graduates or the equivalent and be able to meet the requirements of the trade.
- III. PROBATIONARY PERIOD—All apprentices employed in accordance with these standards shall be subject to a probationary period not exceeding the first _____ of the term of apprenticeship. During this period, the Apprenticeship Agreement may be terminated at the request of either party to the Agreement.
- IV. HOURS AND SUPERVISION—The apprentice shall work the same hours as the journeyworker and shall work under the supervision of the journeyworker at all times.
- V. WAGE PROGRESSION—This standard must include a uniform, progressive schedule of wages.
- VI. RELATED SCHOOL INSTRUCTION
 - A. Each apprentice shall enroll in and attend classes in subjects related to this trade for not less than 144 hours per year during the term of apprenticeship. Apprentice related training should be arranged through local education agencies, the Community College system, or the private vocational school system. If institutional training is not available locally, a correspondence course applicable to the trade, or an individualized instruction program of classroom training in the training establishment will be substituted.
 - B. Failure on the part of the apprentice to regularly attend classes and/or progress satisfactorily in approved related training will be deemed sufficient cause to drop the apprentice from the entire training program.
 - C. Trade journals, manuals, books, publications, etc., applicable to the trade may be used in supervised training.
 - D. The minimum of 144 related training hours per year are not classified as hours of employment unless given during regular working hours for which wages are paid.
 - E. Curriculum content is described in Items 18A and 18B of the Apprenticeship Agreement.
- VII. SAFETY AND HEALTH TRAINING—The apprentice shall receive instruction on the job as to safe and healthful work practices. Such instruction shall include training regarding safety regulations, reporting of accidents, and availability of first aid medical facilities. The apprenticeship sponsor shall also ensure that the apprentice showing his/her experience and progress in learning the occupation until three years after completion of the training program.
- VIII. ADMINISTRATIVE PROCEDURES—The following shall be the responsibility of the participating establishment:
 - A. To see that all apprentices are covered by a written agreement.
 - B. To notify the VA Regional Office in writing of any interruption or termination of training.
 - C. To maintain a record of each apprentice showing his/her experience and progress in learning the occupation until three years after completion of the training program.
- IX. GRANTING CERTIFICATE OF COMPLETION OF APPRENTICESHIP—After satisfactory completion of apprenticeship under these standards, each apprentice shall be furnished with a Certificate of Completion of Apprenticeship.
- X. COMPLIANCE WITH TITLE VI, CIVIL RIGHTS ACT OF 1964—The establishment agrees to comply with the provisions of Title VI, Civil Rights Act of 1964.
- XI. COMPLIANCE WITH APPRENTICESHIP STANDARDS—These standards, as approved by the Department of Veterans Affairs, are made a part of the Apprenticeship Agreement applying hereto. The signing of the Agreement in Items 19 and 20 on the reverse, binds the parties to compliance with these standards. Every apprentice entering into an Apprenticeship Training Agreement will be given a copy of these standards. Two copies will be forwarded to the Department of Veterans Affairs. The terms of this training agreement are in conformance with the requirements of section 21.4261, Title 38, Code of Federal Regulations.

WORK RECORDS

Work records are to be completed as the program progresses, by the trainee. They are to be reviewed by the supervisor and kept on file at the firm. Work records must be maintained for at least three years after termination of training.

Compliance of DVA regulations relating to progress is met through the maintenance of these records. Failure to maintain work records may result in the trainee losing his/her benefits or the withdrawal of State Approving Agency approval.

The monthly work records are kept on file at the firm.

Sample Monthly Work Record

Firm Name: John Doe's Garage
 Trainee: Vincent V. Veteran

Address: Main Street, Anytown, Montana 59000
 Effective Date: 6/1/02

Job Objective: Mechanic Regular Work Week 40

	Training Schedule	Hours Assigned	This Month	Previous Total	Total To Date
A	Arc and Acetylene Welding	400	10	50	60
B	Diesel Engine Repair and Maintenance	800	29	100	129
C	Electronic Repair and Maintenance	275	12	25	37
D	Hydraulic Repair and Maintenance	700	49	100	149
E	Maintenance of Equipment	275	8	25	33
F	Power Train Repair and Maintenance	700	49	100	149
G	Removing and Replacing Parts	600	11	100	111
H	Safety Procedures	50	4	1	5
I	Shop Procedures	200	4	15	19
J					
K					
L					
M					

Supervisor's Signature John Q. Doe

Month June

Year 2000

(Record number of hours worked daily at each task)

Date	Week Day	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Wed.					1	6		1								
2	Thurs.		2		2		4										
3	Fri.		1	1	3		3										
4	Sat.																
5	Sun.																
6	Mon.	1	2	2		2		1									
7	Tues.						5	2		1							
8	Wed.	1			6			1									
9	Thurs.	1		2	3	1				1							
10	Fri.				6	1				1							
11	Sat.																
12	Sun.																
13	Mon.				6		2										
14	Tues.		6					2									
15	Wed.		6				2										
16	Thurs.			4		2			2								
17	Fri.	4	1		1		1			1							
18	Sat.																
19	Sun.																
20	Mon.						8										
21	Tues.				4		4										
22	Wed.				6			2									
23	Thurs.	1			5			2									
24	Fri.	2	2	2		1			1								
25	Sat.																
26	Sun.																
27	Mon.		1		3		4										
28	Tues.		4		2		2										
29	Wed.		4	1			2	1									
30	Thurs.				2		6										
31																	
TOTAL FOR MONTH																	

The monthly work record should be kept on file at the firm.

At this point, the veteran's application for benefits step one is complete. Theoretically, the firm and their program are approved. Now the trainee should apply for their benefits. Applying to the DVA for benefits involves the determination of eligibility for the trainee.

The second step is for the trainee to make application to the Department of Veterans Affairs for educational benefits at the following address:

DVA Regional Office
PO Box 66869
St Louis, MO 63166-6869

Fax: (314) 552-9707

VA Form 22-1990

The VA Form 22-1990 is the application for a trainee who **has not used** any of their benefits. The trainee should complete all items as appropriate. Be sure to sign the form.



APPLICATION FOR VA EDUCATION BENEFITS

(See attached Information and Instructions)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT AND BENEFIT INFORMATION

(All Applicants Must Complete This Part)

1A. NAME OF APPLICANT (First, Middle, Last) Vincent V Veteran			VA DATE STAMP (Do Not Write In This Space)		
1B. SOCIAL SECURITY NUMBER OF APPLICANT		1C. VA FILE NUMBER (If previously assigned)			
2A. APPLICANT'S ADDRESS (Number, street or rural route, city or P.O., State and ZIP Code) (Please provide 9 digit ZIP code if known) 1111 Main St. Anytown, MT 59000					
2B. SEX OF APPLICANT <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	2C. APPLICANT'S DATE OF BIRTH 2 - 24 - 74	2D. APPLICANT'S E-MAIL ADDRESS		3. APPLICANT'S TELEPHONE NUMBER (Include Area Code)	
				A. DAY	
				B. EVENING	
4. DESCRIPTION OF VA EDUCATION PROGRAMS (Check (<input checked="" type="checkbox"/>) the box next to each benefit you wish to apply for)					
A. MONTGOMERY GI BILL EDUCATIONAL ASSISTANCE PROGRAM (title 38, U. S. C., chapter 30). If you served or are currently serving on active duty, you may be eligible to receive this benefit. Check the box to the right if you: <ul style="list-style-type: none"> entered active duty for the first time after June 30, 1985, OR were eligible to receive Vietnam Era Veterans' Educational Assistance (title 38, U.S.C., chapter 34) benefits on December 31, 1989, OR were discharged under one of the qualifying separation programs shown in the instructions, OR were a participant under the Post-Vietnam Era Veterans' Educational Assistance program commonly referred to as VEAP (title 38, U.S.C., chapter 32) and elected this benefit during one of the open window periods shown in the instructions. 				<input type="checkbox"/>	
B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U. S. C., chapter 1606). This benefit is based on Selected Reserve service (Reserve or National Guard). Check the box to the right if you had at least a six-year reserve obligation after June 30, 1985. (NOTE: Department of Defense (DoD) determines eligibility for this program)				<input type="checkbox"/>	
C. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U.S.C., chapter 1607). This benefit is for a Reservist called to active duty to support contingency operations. Check the box to the right if you were called to active duty to support contingency or other specific operations. (NOTE: Department of Defense (DoD) determines eligibility for this program)				<input type="checkbox"/>	
D. POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM commonly referred to as VEAP, (title 38, U.S.C., chapter 32, or section 903 of Public Law 96-342). Check the box to the right if you: <ul style="list-style-type: none"> served on active duty at any time from January 1, 1977 through June 30, 1985, AND either contributed funds or had your service branch make contributions for you. 				<input type="checkbox"/>	
E. NATIONAL CALL TO SERVICE PROGRAM (title 10, U.S.C., chapter 31, section 510). Check the box to the right if you: <ul style="list-style-type: none"> entered on or after October 1, 2003 under the National Call to Service program, AND selected one of the education incentives provided by that program Check this box to the right only if you've selected one of the two Educational Allowance Incentive options. (If you checked this box, be sure to complete Part IV)				<input type="checkbox"/>	
F. THE "TRANSFER OF ENTITLEMENT" PROGRAM (title 38, U.S.C., chapter 30, section 3020). Check the box to the right if you: <ul style="list-style-type: none"> are a spouse or child of a person who qualified for the Montgomery GI Bill Educational Assistance Program (chapter 30), AND believe that your parent or spouse transferred entitlement to you (If you checked this box, be sure to complete Part V)				<input type="checkbox"/>	

5. DIRECT DEPOSIT INFORMATION

Please send a voided personal check or provide the following information.

Direct Deposit is not available for the Post-Vietnam Era Veterans' Educational Assistance Program (Chapter 32)

A. TYPE OF ACCOUNT

☐ CHECKING ☐ SAVINGS ☐ I DO NOT HAVE AN ACCOUNT

B. NAME OF FINANCIAL INSTITUTION

C. 9 DIGIT ROUTING OR TRANSIT NUMBER

D. ACCOUNT NUMBER

6. TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes)

☐ A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown in Item 4) (Specify benefit _____)

☐ B. PREVIOUS VETERAN'S EDUCATION BENEFITS (Specify benefit _____)

☐ C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31)

☐ D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 35) (Complete Items 7A and 7B)

☐ E. OTHER (Specify benefit _____)

☐ F. NONE

NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D

7A. NAME OF PARENT/SPOUSE (See Instructions)

7B. FILE NUMBER OF PARENT/SPOUSE (See Instructions)

8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT OR BENEFITS YOU ARE APPLYING FOR? (See Instructions)

☐ YES ☐ NO

9. PROGRAM OF EDUCATION OR TRAINING

A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please specify. If you do not know your goal, check "No" then skip to Item 9C.)

☒ YES ☐ NO

Mechanic

B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION?

☒ YES ☐ NO

(If "Yes," list below each diploma, vocational course, job training program, or test you need to reach your educational or career goal that you indicated in Item 9A). If you have not selected a program, leave this item blank.)

Jon Doe's Garage

Main St. Anytown, MT

59000

C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary)

☐ COLLEGE OR OTHER SCHOOL

☐ CORRESPONDENCE COURSE

☐ TUITION ASSISTANCE TOP-UP

☐ I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST

☒ APPRENTICESHIP OR ON-THE-JOB TRAINING

☐ NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT

☐ VOCATIONAL FLIGHT TRAINING

D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT?

☒ YES ☐ NO

(If you have selected a school, check "Yes," and specify its complete name and mailing address. If you have not selected a school, check "No.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item 10.)

E. Complete Name and Address of School (Complete street address, city, state and ZIP code)

F. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING?

☒ YES ☐ NO

Jan 26, 2007

(If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know this date check "No.")

G. Date (Month, Year) of anticipated beginning school or training

H. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT?

☐ YES ☒ NO

(If "Yes," write in Item 9I the name of the course, when you originally took this course, and why you plan to repeat it.)

I. Information about repeated course

NOTE - COMPLETE ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT

If you are on active military duty, skip question 10.

10. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE(S) FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?

☐ YES ☐ NO (If "Yes," show the source of these funds)

Source of educational assistance from government employment:

NOTE - COMPLETE ITEM 11 ONLY IF YOU ARE ON ACTIVE DUTY

11. ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (Including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES" AND GIVE COMPLETE DETAILS INCLUDING THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK "NO"

☐ YES ☐ NO

Details of educational assistance from the military:

12. EDUCATION AND EMPLOYMENT INFORMATION

A. DID YOU GRADUATE FROM HIGH SCHOOL? (If "Yes," write the date you graduated next to "Yes," and skip to Item 12C. If "No," complete Item 12B)

☒ YES Enter graduation date ☐ NO

B. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes," write the date you completed the requirements for this certificate in the space provided. If "No," go to Item 12C)

☐ YES Date ☐ NO

C. EDUCATION AFTER HIGH SCHOOL (INCLUDE ALL APPRENTICESHIP, ON-THE-JOB TRAINING, AND FLIGHT TRAINING) (See Instructions)

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," list each certificate)

☐ YES ☐ NO

EMPLOYMENT (Complete ONLY if you served in the military)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
E. Before Entering Military Service	Student	48	High School Diploma
F. After Leaving Military Service	Pizza delivery	6	None

PART II - SERVICE INFORMATION (All applicants must complete this part)

13. ACTIVE DUTY INFORMATION

A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD DUTY? (Send us a copy of your orders, if authority for full-time National Guard duty is title 32, U.S.C.)

☐ YES ☐ NO

B. ARE YOU NOW ON TERMINAL LEAVE BEFORE DISCHARGE? (If yes, please provide the date you began your terminal leave)

☐ YES ☐ NO

Date leave began: Date of expected discharge:

14. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY

Please complete Items 14A through 14f for *each period* of your active duty. It will help VA process your claim if you send a copy of your DD 214 (copy 4) for *each period* of active service. (Don't report any Active Duty for Training)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," send copies of your orders)		F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE 32 (State). (Send copies of any orders)
				YES	NO	

You should specify in Item 22, Remarks, any periods of active duty which reflect:

- Full time assignment by a service department to a civilian school for a course of education substantially the same as established courses for civilians;
- Attendance at a service academy; or
- Non-creditable time - (time lost because of industrial or agricultural furlough, arrest without acquittal, being AWOL, desertion, sentence of court-martial, etc.)

15. DO YOU ALSO HAVE ANY PERIODS OF RESERVE OR NATIONAL GUARD SERVICE THAT ARE NOT ACTIVE DUTY?

☐ YES ☐ NO (If "Yes," complete information about this service in Item 16. If "No," skip to Item 17)

16. PERIODS OF RESERVE OR NATIONAL GUARD SERVICE (NOT ACTIVE DUTY)

A. ARE YOU NOW IN THE RESERVE OR NATIONAL GUARD?

☐ YES ☐ NO

INFORMATION TO COMPLETE ITEM 16E:

- Place "SR" in Item 16E for each period of reserve service if you were in the Selected Reserve (drilling status).
- Place "IRR" in Item 16E for each period of reserve service if you were in the Individual Ready Reserve.
- Place "IMA" in Item 16E for each period of reserve service if you were in the Individual Mobilization Augmentation.

B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (If applicable)	D. RESERVE OR GUARD COMPONENT	E. RESERVE STATUS (See abbreviations above)

F. DO YOU QUALIFY FOR A "KICKER" BASED ON YOUR RESERVE ENLISTMENT? ("Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Reserve or National Guard forces, usually in specialized areas.) (IF YOU QUALIFY FOR A RESERVE "KICKER," CHECK "YES." IT MAY HELP IF YOU SEND VA A COPY OF THE "KICKER" CONTRACT)

☐ YES ☐ NO

G. COMPLETE ONLY IF YOU ARE APPLYING FOR CHAPTER 1606 (you checked Item 4B). IF YOU ARE PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER TITLE 10, U.S.C., SECTION 2107? (Do not include monthly subsistence allowance)

☐ YES ☐ NO

PART III - MONTGOMERY GI BILL QUESTIONS
(Complete this part only if you are applying for chapter 30 benefits)

QUESTIONS	YES (✓)	NO (✓)
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGIB BENEFITS PAYABLE? (If you made any additional contributions, you must check "YES" and send us a copy of the receipt of lump sum contribution or a copy of your Leave and Earnings Statement showing these additional contributions.		
17B. IF YOU SERVED A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, PLEASE SHOW THE DATES OF THAT PERIOD OF ACTIVE DUTY: From _____ To _____		
17C. DO YOU HAVE A DoD CONTRACT TO RECEIVE A "KICKER"? (Some military services call this the "college fund." "Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Armed forces, usually in specialized areas. If you qualify for a "kicker", check "Yes." It may help if you send us a copy of your kicker contract.		
COMMISSIONED OFFICER QUESTIONS		
18A. DID YOU GRADUATE FROM A MILITARY SERVICE ACADEMY (e.g., West Point, Naval Academy, etc.)? (If "Yes," specify the month and year you graduated and received your commission) Graduation month and year: _____		
18B. WERE YOU COMMISSIONED AS THE RESULT OF PARTICIPATING IN A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP PROGRAM? (If "Yes," show the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance. If you received your commission through a Senior ROTC (non-scholarship) program, check "No.") Commission date: _____ Scholarship Amounts: Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____		

MARITAL AND DEPENDENCY STATUS

NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE BEFORE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.

QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?		
19B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 18? OR		
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		
(3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?		
19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?		

PART IV - NATIONAL CALL TO SERVICE QUESTIONS

(Complete this part only if you are applying for this benefit)

20A. DID YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO SERVICE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that identifies the option you received) <input type="checkbox"/> YES <input type="checkbox"/> NO
20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below) <input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate) <input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 36 MONTHS OF MONTGOMERY GI BILL BENEFITS (1/2 the 2-year rate)

NOTE: National Call to Service applicants must furnish VA a copy of DD Form 2863 (National Call to Service (NCS), Election of Options). This form is needed to document your eligibility and to confirm your incentive option.

PART V - TRANSFER OF ENTITLEMENT QUESTIONS*(Complete this part only if you are applying for this benefit)*

NOTE: This benefit requires (1) that the veteran's branch of military service authorized the veteran to transfer MGIB entitlement to his or her dependents, and (2) the veteran, in writing, transferred his or her current education benefits to you (specifying you by name).

IMPORTANT: Only a spouse, surviving spouse, or child of a veteran who has transferred entitlement should complete this information.

21A. WHAT IS YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU?

☐ SPOUSE ☐ SURVIVING SPOUSE ☐ CHILD

IMPORTANT: If you checked your relationship as a spouse or child, have the veteran complete and send us VA Form 21-686c. See Instructions.

21B. VETERAN OR SERVICE MEMBER'S NAME (First, Middle, Last)

21C. VETERAN OR SERVICE MEMBER'S SEX

☐ MALE ☐ FEMALE

21D. ADDRESS OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU

21E. VETERAN OR SERVICE MEMBER'S DATE OF BIRTH

21F. VETERAN OR SERVICE MEMBER'S SOCIAL SECURITY NUMBER

EMPLOYMENT (IF NO MILITARY SERVICE)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
21G. JOB 1 (Since leaving high school)			
21H. JOB 2 (Since leaving high school)			

22. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and social security number on each additional page.)

PART VI - CERTIFICATION AND SIGNATURE OF APPLICANT*(All applicants must complete this part)*

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

23A. FULL NAME OF APPLICANT (PRINTED)

23B. SIGNATURE OF APPLICANT (Do NOT Print) (Minor children must also have their parent or guardian sign in this item)

SIGN HERE IN INK ► **Vincent V. Veteran**

23C. DATE SIGNED

7/15/01

PART VII - CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY*(Have your Education Officer complete this part only if you are currently on active duty. This signature is not needed if you are on terminal leave)*

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

24A. SIGNATURE, TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION OFFICER

24B. DATE SIGNED

VA Form 22-1995

If benefits have been used previously, then the trainee will not use VA Form 22-1995. The trainee should complete all items as appropriate. Be sure to sign the form.



REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING
(Under Chapters 30 and 32, Title 38, U.S.C.; Chapters 1606 and 1607, Title 10, U.S.C. and Section 903 of Public Law 96-342)

PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT (First, Middle, Last) Vincent V. Veteran		VA DATE STAMP DO NOT WRITE IN THIS SPACE
1B. MAILING ADDRESS (Complete street address, City, State, and 9-digit ZIP Code) PO Box 999 Anytown, MT 59000		
1C. APPLICANT'S TELEPHONE NUMBER (Including Area Code)		1D. VA FILE NUMBER
DAY 406-444-0000	EVENING 406-444-0000	
1E. APPLICANT'S E-MAIL ADDRESS vveteran@hotmail.com		1F. SOCIAL SECURITY OF APPLICANT (For chapter 30 transferability cases, enter the veteran's social security number) 123-45-6789

PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE (Only Select One)

A. ☐ CHAPTER 30 (Montgomery GI Bill - Active Duty) C. ☐ CHAPTER 1606 (Montgomery GI Bill - Selected Reserve) E. ☐ TRANSFER OF ENTITLEMENT PROGRAM (Spouses and Children Entitled to Chapter 30 Benefits)

B. ☐ CHAPTER 32 (Veterans Educational Assistance Program including section 903) D. ☐ CHAPTER 1607 (Reserve Educational Assistance Program)

3. HOW WILL YOU TAKE TRAINING?

A. ☐ SCHOOL ATTENDANCE D. ☐ COOPERATIVE TRAINING G. ☐ LICENSING & CERTIFICATION TEST

B. ☐ CORRESPONDENCE E. ☐ TUITION ASSISTANCE TOP-UP (Active Duty Only) H. ☐ NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT

C. ☒ APPRENTICESHIP OR ON-THE-JOB TRAINING F. ☐ FLIGHT TRAINING

4A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?
mechanic

4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?
mechanic

4C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF NEW SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND (If applicable)
**John Doe's Garage
Main ST. Anytown MT
59000**

4D. NAME AND COMPLETE ADDRESS OF OLD OR CURRENT SCHOOL OR TRAINING ESTABLISHMENT
**Moose State University
Main ST. Anytown MT
59000**

4E. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY.

PART III - DIRECT DEPOSIT INFORMATION

5. DIRECT DEPOSIT INFORMATION (Complete this item only if you wish to start direct deposit or your direct deposit information has changed.)
Please attach a voided personal check or provide the information in items A through D below. NOTE: Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (chapter 32) nor for section 903.

A. TYPE OF ACCOUNT
☐ CHECKIN ☐ SAVINGS

B. NAME OF FINANCIAL INSTITUTION

C. 9 DIGIT ROUTING OR TRANSIT NUMBER

D. ACCOUNT NUMBER

PART IV - MISCELLANEOUS INFORMATION					
6. INFORMATION ON DEPENDENTS (COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 (or had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.)					
QUESTIONS			YES (✓)	NO (✓)	
A. ARE YOU CURRENTLY MARRIED?					
B. DO YOU HAVE ANY CHILDREN WHO ARE :					
(1) UNDER AGE 18 OR					
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR					
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?					
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?					
7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for each period of active service. (Don't report Active Duty for Training.)					
A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVING IN DURING ACTIVE DUTY	B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If yes send in copies of your orders) YES (✓) NO (✓)		D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?	E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). (ATTACH COPIES OF ANY ORDERS)
NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)					
8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (Answer only if you are a Federal Government employee) <input type="checkbox"/> YES <input type="checkbox"/> NO					
9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (Answer only if you are on Active Duty) <input type="checkbox"/> YES <input type="checkbox"/> NO					
10. REMARKS					
PART V - CERTIFICATION AND SIGNATURE OF APPLICANT					
I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.					
PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.					
11A. SIGNATURE OF APPLICANT (DO NOT PRINT) (Minor children must also have their parent or guardian sign in this item. Be sure to read reverse side and the Instructions and Information sheet.) SIGN HERE IN INK ► Vincent V. Veteran					11B. DATE SIGNED 1-26-2006
PART VI - CERTIFICATION FOR APPLICANTS CURRENTLY ON ACTIVE DUTY					
I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program					
12A. SIGNATURE , TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION OFFICER					12B. DATE SIGNED

VA Form 22-1999—Enrollment Certification

VA makes payment to the trainee based on the information you enter on this form. The employer must complete a VA form 22-1995 for each trainee.

If you are reporting retroactive hours worked, both the certifying official and the trainee need to sign and date the information included in item 14.

The firm needs to complete items 14, 16A, 16B, 16C, 16D, and on the reverse of the form items 20A, B, C, and D. All other sections of this form do not need to be completed.

These forms should be included with the application. The State Approving Agency will send this form to the DVA with the approval document.



Department of Veterans Affairs

ENROLLMENT CERTIFICATION FOR APPRENTICESHIP OR OTHER ON-THE-JOB, FLIGHT, OR CORRESPONDENCE TRAINING

(Under Chapters 30, 32, or 35, Title 38, U.S.C.; Chapter 1606, Title 10, U.S.C.; or Sections 901 or 903 of Public Law 96-342)

**Side
B****IMPORTANT - COMPLETE ONLY ONE SIDE OF THIS FORM.**Complete this side **ONLY** if you are certifying Apprenticeship, Other On-The-Job, Flight, or Correspondence training as shown in Item 5. (Use the reverse side for other types of training.)

Pull out carbon and reverse before completing this side of the form. Ensure that VA Copy 1 is on top.

1. NAME OF STUDENT (First, Middle, Last) VINCENT V. VETERAN	2. VA FILE NO. (For chapter 35, include suffix. For chapter 30 transferability cases, enter the veteran's social security number) 123-45-7899
3. CURRENT ADDRESS OF STUDENT 123 MAIN STREET ANYTOWN, MT 59001	4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2 above) 123-45-7899
5. TYPE OF TRAINING <input type="checkbox"/> FLIGHT TRAINING <input type="checkbox"/> CORRESPONDENCE <input checked="" type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB	6. NAME OF PROGRAM AUTO MECHANIC 7. CREDIT FOR PREVIOUS TRAINING (Not Flight) NONE

VOCATIONAL FLIGHT TRAINING (Chapters 30, 32, and 1606) (See Instructions)

8A. CREDIT ALLOWED FOR PREVIOUS EDUCATION AND TRAINING					8B. DATE TRAINING BEGAN IN CURRENT COURSE
DUAL	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS		
8C. NUMBER OF HOURS/UNITS OF INSTRUCTION IN CURRENT COURSE					8D. TOTAL CHARGES
DUAL	SOLO	GROUND SCHOOL	PRE- AND POST FLIGHT	OTHER	\$

DOES NOT APPLY**CORRESPONDENCE TRAINING (Chapters 30, 32, 35 (Spouses and Surviving Spouses) and 1606)**

IMPORTANT - A signed VA Form 22-1999a, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before payment may be authorized by VA for a correspondence course.

9A. DATE FIRST LESSON SENT TO STUDENT	9B. NUMBER OF LESSONS FOR WHICH STUDENT IS ENROLLED	9C. CHARGE PER LESSON TO STUDENT	9D. WERE ANY LESSONS SERVICED BEFORE THE DATE ENTERED IN ITEM 9A? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," show lesson number and date serviced in Item 11, "Remarks")
---------------------------------------	---	----------------------------------	--

APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING

IMPORTANT - A signed copy of the training agreement outlining the training program and wage scale as approved by the State Approving Agency or VA, or for apprentices, any document signed by the trainee incorporating this agreement by reference must be attached to this form. (Show monthly number of hours worked to date in Item 11, "Remarks.")

10A. TRAINING DATES (Month, Day, Year)		10B. TYPE OF TRAINING <input type="checkbox"/> APPRENTICESHIP <input checked="" type="checkbox"/> OTHER-ON-THE-JOB	10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM 40 HRS.	10D. NUMBER OF HOURS IN STANDARD WORK WEEK 40 HRS.
BEGINNING	ENDING			
4-15-2006	4-15-2008			

11. REMARKS HOURS WORKED TO DATE:

4/15 - 4/30/06	95
5/1 - 5/31/06	120

Vincent V Veteran VINCENT V VETERAN
Joe Employer JOE EMPLOYER

NOTE: READ THE CERTIFICATIONS SECTION ON ATTACHED SHEET BEFORE COMPLETING ITEMS 12A THROUGH 12E BELOW.**CERTIFICATIONS - The provisions described in paragraphs (1) through (13) on the attached sheet are certified.**

12A. SIGNATURE OF CERTIFYING OFFICIAL JOE EMPLOYER SIGNS HERE	12B. SCHOOL NAME AND ADDRESS ABC AUTOMOTIVE 3333 MAIN ST., ANYTOWN, MT 59000
12C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL 406-111-2222	12D. DATE SIGNED JUNE 5, 2006
12E. FACILITY CODE	

Monthly Certification Form

The veteran will receive VA form 22-6553d-1 each month, after they have applied to the Department of Veterans Affairs for their On-The-Job/Apprenticeship Training benefits.

At the end of the month, the trainee should bring this form to the certifying official to be signed. The trainee also signs the form and then the form should be mailed it to the Department of Veterans Affairs (use the envelope which is provided). If this form is not submitted, the educational benefit payments will be interrupted.

We advise the firm not to sign this form until the monthly work record is received from the trainee and placed on file at the firm.

If the trainee does not receive this form, hours worked may be reported on company letterhead. (See sample letter).

NOTE: This form is sent directly to the veteran by the VA. The veteran submits this directly back to the VA and if it is not submitted, the payment of educational benefits will be interrupted. - VA form 22-6553d-1

Department of Veterans Affairs

MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING

FOR VA USE ONLY

VA FILE NUMBER

C-123-456-7891

PAYEE

00

FACILITY CODE

2-0-2376-41

TYPE TRAINING

G

IMPORTANT

DO NOT complete, date or sign prior to last date of period to be certified. Read the instructions carefully. You and the employer should complete, date and sign this form on or after the last day of the month shown in Item 1. If form is destroyed or lost, ask the VA for another form.

PRIVACY ACT INFORMATION: No further monies or benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (38 U.S.C. 3880). The information requested on this form will be used to determine continuing eligibility for benefits and proper amount payable. The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records -VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0178), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

INSTRUCTIONS TO TRAINEE

ITEMS 1 AND 2—Enter the number of hours worked for each month shown. (Include any hours of related training given during working hours.)

ITEM 3—Check the appropriate box, and if training has been terminated, complete Items 4 and 5.

ITEMS 6A, 6B AND 6C—Check the appropriate box. If you received a wage increase (or decrease) not in accordance with your training agreement, show new wage rate and effective date of rate change.

ITEM 7—Use this item for reporting any change in the number of dependents for whom you are receiving additional educational assistance allowance. If you acquire any new dependents, send proof to the VA.

CHANGE OF ADDRESS—If you are changing your address permanently, neatly line out the preprinted address and print your new address in the remaining space. Be sure to show ZIP Code.

Sign and date the form in Items 8A and 8B and give the form to your employer or an authorized official of your training establishment for verification.

INSTRUCTIONS TO EMPLOYER

NOTE—The trainee is not entitled to VA educational benefits and the VA must be immediately notified if the journeyman wage is being paid to the trainee.

Please verify the number of hours worked and other information reported by the trainee with the payroll records. Any differences should be reported in Items 6 and 7.

Also use Item 7 for reporting termination because of unsatisfactory conduct or progress.

Sign and date the form and return it to the VA Office shown above.

1. MONTHS TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM SHOWN IN ITEM 1? (If "No," complete <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Items 4 & 5.)	4. DATE TERMINATED (Mo. Day, Yr.)
June 1-30, 2002	176	5. REASON FOR TERMINATION	
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "no," complete Items 6B and 6C.)	6B. RATE 6C. EFFECTIVE DATE

7. REMARKS

I CERTIFY that the previous statements are true and correct to the best of my knowledge and belief.

PENALTY—Willful false reports concerning benefits payable by the VA may result in fine or imprisonment or both.

8A. SIGNATURE OF TRAINEE

Vincent V. Veteran

8B. DATE SIGNED

July 8, 2002

9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL

John M Doe, Owner

9B. DATE SIGNED

July 8, 2002

Letterhead Stationery

The sample letter below can be used to certify the hours worked when the trainee is applying for their benefits or at anytime during the program to certify hours worked.



JOHN DOE'S GARAGE

Main Street
Anytown, Montana 59000
(406) 123-4567

Date: May 6, 2007

Name: Vincent Veteran

SS#: 123-45-6789

Job Title: Mechanic

Dear Sirs:

This is to certify the hours of On-The-Job or Apprenticeship Training at our firm for Mechanic, which have been completed for the following months:

March	2002	184 hours
April	2002	164 hours
May	2002	168 hours

John M. Doe **Vincent V. Veteran**

6-2-2002

Employer

Employee

Date

Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616			
Serves the following states:			
CT	DE	DC	ME
MD	MA	NH	NJ
NY	OH	PA	RI
VT	VA	WV	Foreign Schools
Central Region: VA Regional Office P. O. Box 66830 St. Louis, MO 63166-6830			
Serves the following states:			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
SD	TN	WI	WY
Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888			
Serves the following states:			
AK	AR	AZ	CA
HI	ID	LA	NM
NV	OK	OR	PHILIPPINES
TX	UT	WA	
Southern Region: VA Regional Office P. O. Box 100022 Decatur, GA 30031-7022			
Serves the following states:			
AL	FL	GA	MS
NC	PR	SC	US Virgin Islands

Note: The following forms must be submitted to the regional office associated with the school/program the veteran is attending. For schools/programs in Montana the regional office is located in St. Louis, Missouri.

- VA Form 22-1990
- VA form 22-1995
- VA Form 22-1999
- VA Form 22-6553d-1
- Company Letterhead - Monthly Certification of OJT/Apprenticeship Training



THE DEFINITION OF A VETERAN

A **VETERAN** IS NOT AN OUTSIDER TO OUR BUSINESS ... HE/
SHE'S OUR REASON FOR EXISTENCE.

A **VETERAN** IS NOT AN INTERRUPTION OF OUR WORK ... HE/
SHE'S THE PURPOSE FOR IT. WE ARE NOT DOING HIM A FAVOR
- HE'S DOING US A FAVOR BY LETTING US SERVE HIM.

A **VETERAN** IS NOT A COLD STATISTIC ... HE/SHE'S A FLESH-
AND-BLOOD HUMAN BEING WITH FEELINGS AND EMOTIONS
LIKE OUR OWN.

A **VETERAN** IS NOT SOMEONE TO ARGUE OR MATCH WITS
WITH ... HE/SHE DESERVES COURTEOUS, ATTENTIVE AND
SYMPATHETIC TREATMENT.

A **VETERAN** IS NOT DEPENDENT ON US ... WE ARE
DEPENDENT ON HIM.

A **VETERAN** IS THERE TO BE SERVED, NOT JUST TOLERATED ...
IT IS OUR JOB TO HANDLE HIM/HER PROPERLY - BOTH FOR HIS/
HER SAKE AND FOR OUR OWN.

A **VETERAN** MAKES IT POSSIBLE THAT OUR SALARIES GET PAID
... WHETHER WE ARE A CLERK, FINANCIAL AID OFFICER, CERTI-
FYING OFFICIAL, VETERANS
BENEFITS COUNSELOR, EDUCATION COMPLIANCE
SURVEY SPECIALIST, REGISTRAR, EDUCATION LIAISON
REPRESENTATIVE, SCHOOL OFFICER, OR COUNTY
VETERANS SERVICES OFFICER.

—ANONYMOUS

STATE APPROVING AGENCY

MONTANA OFFICE OF PUBLIC INSTRUCTION
LINDA MCCULLOCH, SUPERINTENDENT
PO BOX 202501
HELENA, MT 59620-2501

CONTACT:
TOM CUMMINS
OJT/APP PROGRAM MANAGER
VETERANS EDUCATION
(406) 444-4122
FAX: (406) 444-1373
tcummins@mt.gov
www.opi.mt.gov/veteransed/



The Office of Public Instruction is committed to equal employment opportunity and non-discriminatory access to all our programs and services. For information or to file a complaint, contact Kathy Bramer, OPI Title IX/EEEO Coordinator at (406) 444-3161 or kramer@mt.gov.